

**ATTESTATION FOR ONE ADMINISTRATOR OVER MORE THAN ONE
RESIDENTIAL CARE OR ASSISTED LIVING FACILITY**

I, (Insert Name of Licensed Residential Care Administrator for which the variance is being requested)_____ understand that I am responsible for the day to day operation, assuring that the care and services provided to residents are in compliance with the rules and standards for residential care or assisted living facilities (IDAPA 16.03.22), of (Insert Names of Residential Care or Assisted Living Facilities for which the variance is being requested

In addition, I understand that, if the variance is granted by the Bureau of Facility Standards, the variance is good only for the above named facilities and me as the identified licensed residential care administrator.

I also understand that if a facility, identified above, is issued a core level deficiency or if a facility fails to correct and sustain correction of a non-core issue deficiency the variance may be revoked.

Signature

Date